



TAKAFUL IKHLAS FAMILY BERHAD (593075-U)
(Formerly known as Takaful Ikhlas Berhad)
IKHLAS Point, Tower 11A, Avenue 5, Bangsar South,
No.8, Jalan Kerinchi, 59200 Kuala Lumpur.
Tel : 03 2723 9999 Fax: 03 2723 9998
Website : www.takaful-ikhlas.com.my

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)
(to be completed by the doctor)

Patient Name: _____

I/C No: _____

Certificate No: _____

The above named has a coverage with Takaful Ikhlas Family Berhad against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with a Systemic Lupus Erythematosus With Lupus Nephritis (SLE) and to enable us to asses the claim, we would appreciate it if you could complete this confidential report and return it direct to us at the following address:-

TAKAFUL IKHLAS FAMILY BERHAD (593075-U)
(Formerly known as Takaful Ikhlas Berhad)
Family Claims Department
Ikhlas Point, Menara 11A, Avenue 5
Bangsar South, No 8, Jalan Kerinchi
59200 Kuala Lumpur

In order for the claim to be valid, the illness/ procedure performed must be fulfilled the Critical Illness definition as stated in the certificate contract.

Systemic Lupus Erythematosus With Severe Kidney Complications

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist. For this definition , the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

*WHO Lupus Classification:
Type III : Focal Segmental glomerulonephritis
Type IV : Diffuse glomerulonephritis
Type V : Membranous glomerulonephritis*

Systemic Lupus Erythematosus With Lupus Nephritis (SLE)

1) General

i) Are you the participant's usual medical attendant? If yes, over what period do your records extend?

ii) When were you first consulted by the patient and, at that time, how long had symptoms been present?

iii) Give full and exact details of the diagnosis.

iv) Has the participant previously suffered from the condition specified above or any other illness? i.e. hypertension, diabetes, autoimmune disorder or ischemic heart disease. If yes, please give the duration of the illness, dates of consultations and the resulting diagnosis.

a) Diagnosis: _____

b) Duration of the illness: _____

c) First date consultation: _____

d) Medication : _____

v) Please give details of the participant's habits in relation to cigarette smoking.

vi) Was the participant referred to you? If so, please give the name and address of the referring doctor/Medical Practitioner.

2) Details of the participant's illness:-

i) Please describe the in details of the illness?

ii) What is the class of the SLE? Please follow the WHO Lupus Classification.

iii) Does the SLE involved the kidneys? If yes and a biopsy was done please provide the biopsy report.

Systemic Lupus Erythematosus With Lupus Nephritis (SLE)

iv) What medications is he/she currently on?

3. If there is any further information which, in your opinion, will assist us in assessing this claim, please furnish such information below:

Signature _____ Clinic / Hospital _____

Doctor Name _____ Telephone No _____

Qualification _____ Date _____

Official stamp:
